

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		10-04-00
O.I.P.E. CLASSIFIER			10/20
FORMALITY REVIEW	WM	869	11-14-00
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

= Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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